



Driving Growth Through Patient Navigation: Strategies, Impact, and Results

Kristi Zenon | Director, Network Management | Texas Health Resources

Tricia Anderson | Senior Consultant | Barlow McCarthy



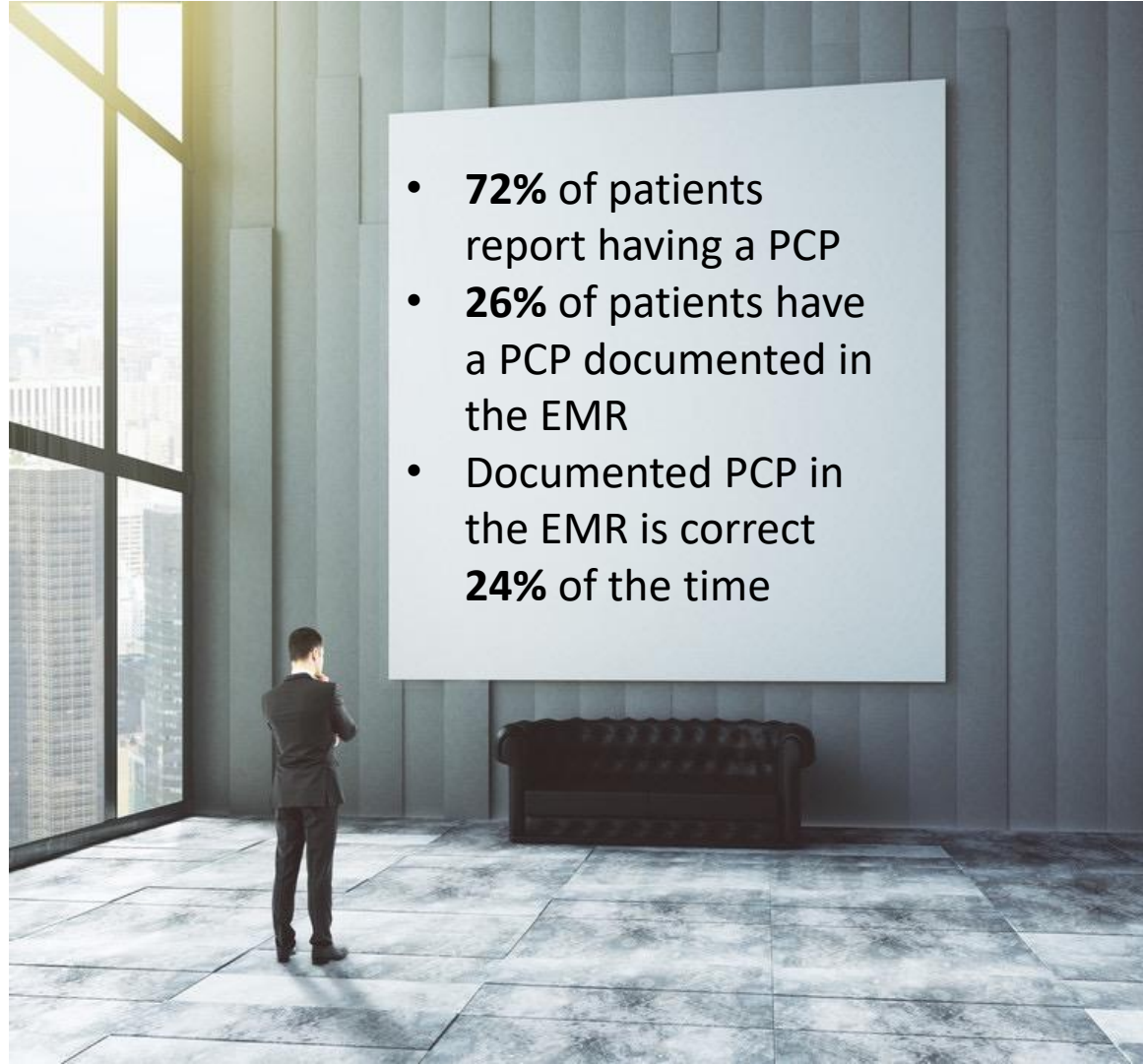
Outline/Agenda

Healthcare systems have invested heavily in expanding access points within their networks to attract and retain the right patients. However, keeping referrals in-network is not a given. This session will explore revenue outcomes from a large Texas healthcare system, where the employed medical group adopted a referral growth strategy by focusing on patient navigation.

Attendees will gain insights into innovative "keepage" initiatives aimed at capturing patients at the point of service and ensuring follow-up appointments are secured within the network. Learn how these strategies can optimize referral retention and drive system growth.

Learning Objectives:

1. Gain insights into innovative "keepage" initiatives aimed at capturing patients at the point of service and ensuring follow-up appointments are secured within the network.
2. Learn how these strategies can optimize referral retention and drive system growth.
3. The case study presented will provide insight into the development and implementation of a revenue positive care coordination solution.



Some Interesting Statistics

- 155 million emergency department (ED) visits annually, roughly 47 visits per 100 people.
- 33% of Americans don't have a primary care provider
- 40% of patients discharged from the ED do not seek recommended follow up care
- 51 million surgeries are performed annually in the United States

2 Growth Initiatives



Front Door Strategy

Back Door Strategy



Society for Health Care
Strategy & Market
Development™



Leakage Becomes a Greater Priority

- THR Senior Leaders tasked Referral Development Team with identifying innovative growth solutions.
- As the team examined referral gaps, we found leakage at multiple access points.

Texas Health Resources – 9 Participating Hospitals Case Study

Everything's Bigger in Texas

**Texas Health Resource is a large nonprofit healthcare system serving
16 counties in North Texas, home to over 8 million Texans**

- 400+ Access Points
- 29 Hospitals w/ 4,407 Licensed Hospital Beds
- 6,500 Physicians w/ Active Privileges
- 450+ PCPs in 113 Locations
- 470 Specialists in 99 Locations
- 30 Urgent Cares
- 36 Surgery Centers

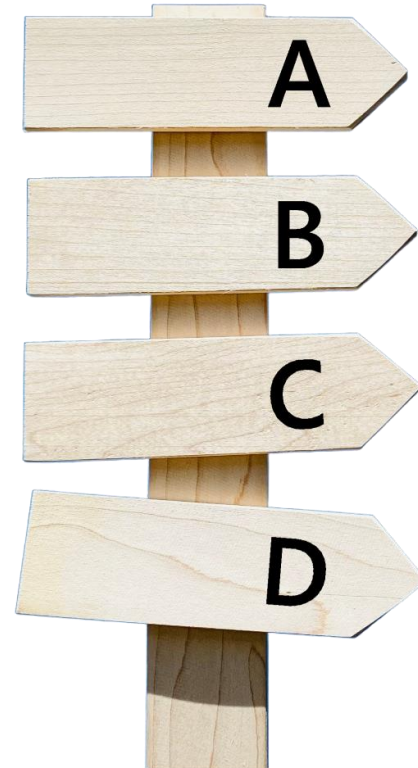
Leakage Defined

- Patient enters our system but is lost to competitors or fails to follow up with care.
- Imagine a highway with multiple exits—patient enters our THR Highway but then takes an off-ramp to a competitor or stays home.



Where Does Leakage Occur?

When patients are left to schedule their own follow-up appointments, 40% never seek necessary follow-up care.



Primary Care Clinics

Specialty Clinics

Urgent Care Centers

Emergency Dept (ED)

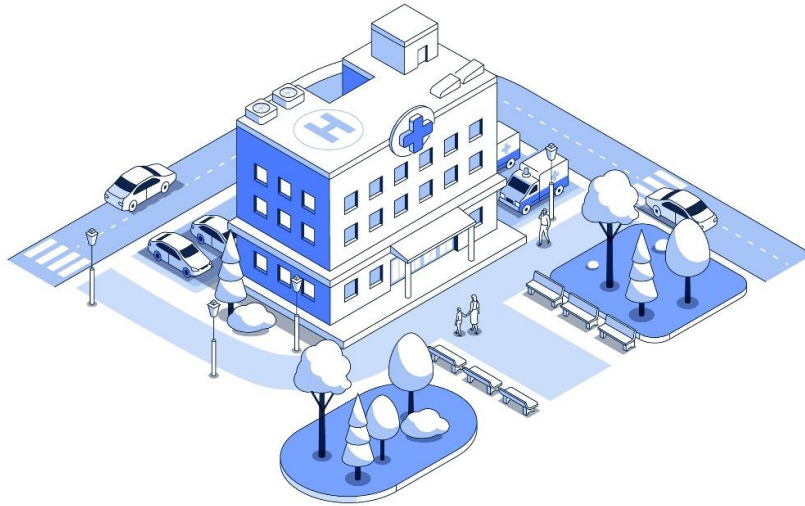
Strategic Vision and Growth Mindset

- Put on your strategic growth mindset glasses with me!
- Leakage is not just an operational challenge—it's a growth opportunity.



Assessing the Access Points

Why We Focused on the Emergency Department



- A process was in place to assist self pay and Medicaid patients with follow up appointments. This initiative focused on assisting Commercial and Medicare patients.
- For many patients, the ED is the front door to healthcare
- Treats higher volume of patients than other access points
- Complexity and acuity of ED patients

Home Discharges Daily Average All Payers	No Documented PCP - Medicare	No Documented PCP - Commercial	Require Specialist follow up Medicare	Require Specialist follow up Commercial	Total Patient Scheduling Potential
1,352	50	203	57	138	448

448 commercially insured and Medicare patients are left to self-navigate their healthcare journey on a DAILY basis.

Understanding Current State

**“If you’ve seen one
ED, you’ve seen
one ED.”**

Dr. Schwab, Hospital CMO

Discharge Instructions and
Workflow

Discharge Volume and
Network Physician
Capacity

Leadership Support of
Initiative

Gaining Buy-In

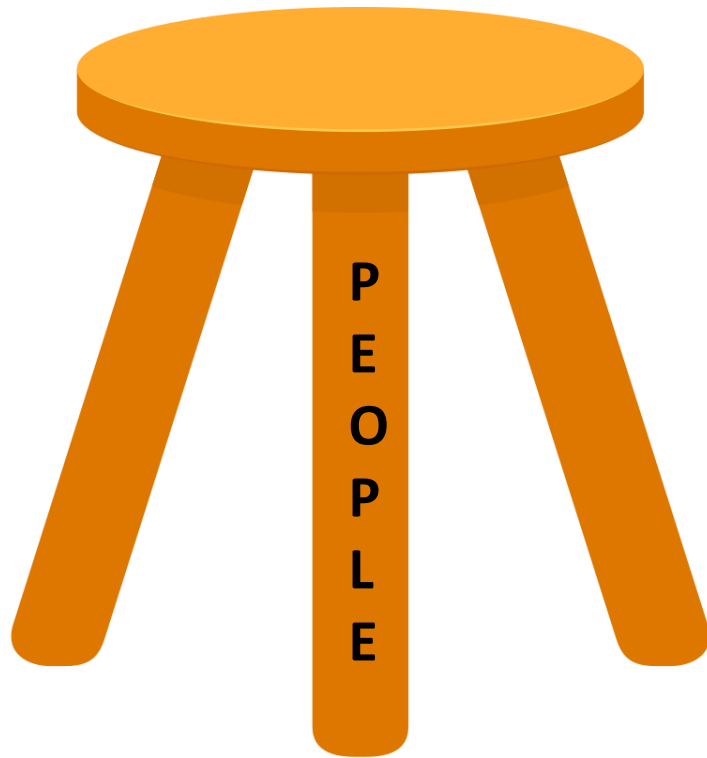
Who Needs a Seat at the Leakage Strategy Table?

- System/Hospital Leadership
- ED Leadership
- Admissions / Registration
- Case Management
- IT
- Referral Development
- Physician Network Leader



Three-Pronged Approach

The Right People – Following the Right Process – Using the Right Technology



This initiative involves placing a Care Coordination Specialist directly in the ED as part of the care team. The goal is to schedule physician follow up appointments prior to the patient leaving the hospital.

“...but we utilize our call center”

Appointment Scheduling Conversion Rate	
Contact Method	Conversion Rate
Phone/Email	17%
Face-to-Face	53%

Background and Context

- 12 months – fully deployed
- 9 hospitals
- 500,000 annual ED discharges (all payers)*
- 13,570 appointments scheduled
- 58% Commercial, 33% Medicare, 9% Medicaid/Self Pay
- 23% PCP
- 77% Specialists

Texas Health Resources – 9 Participating Hospitals

Results and Outcomes

Measuring Success



Key Metrics:

- Appointments Scheduled
- New PCP Patients
- Return Encounters
- Increased Splitter Volume
- Hospital New Patient Volume

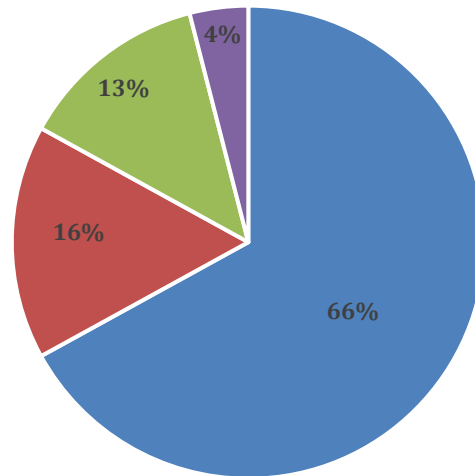
Additional program benefits included field intel and customer feedback from ED physicians and staff, participating providers, patients and their families

Scheduled Appointment Status

13,570 Total Appointments

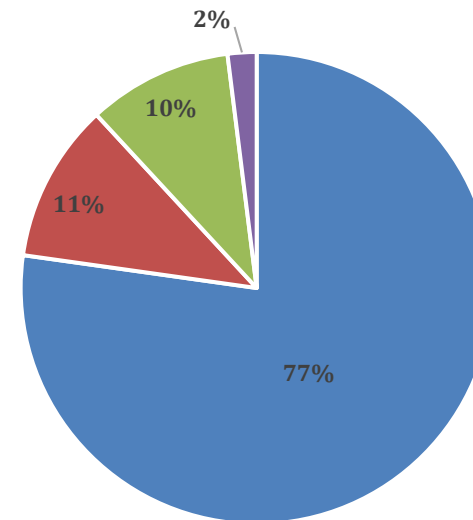
3,121 PCP Appointments

■ Arrived ■ No Show ■ Cancelled ■ Rescheduled

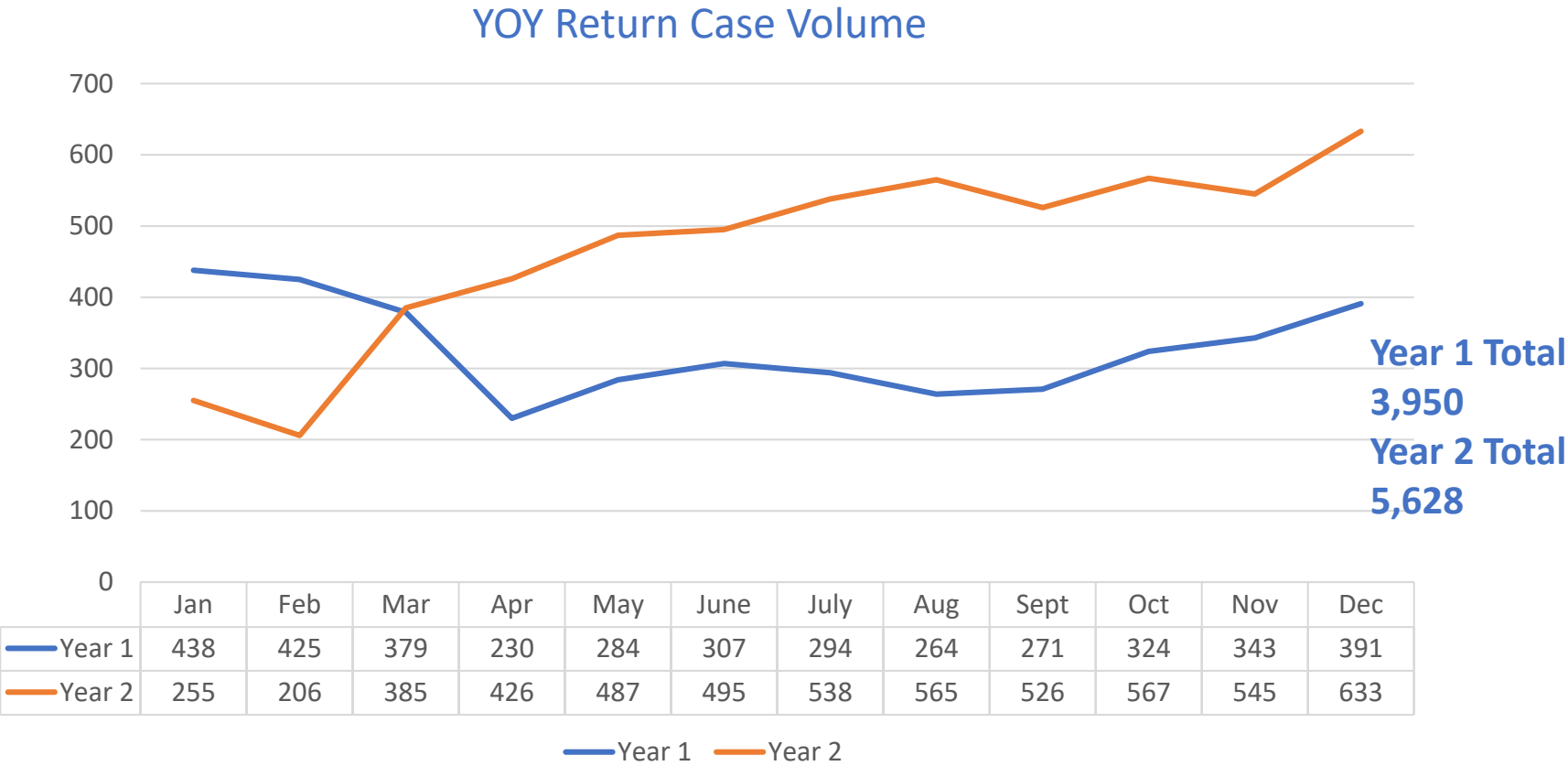


10,449 Specialists Appointments

■ Arrived ■ Cancelled ■ No Show ■ Rescheduled



Return Hospital Cases



Assisted vs. Unassisted Patients

<i>% of patients who were discharged from the ED, then returned for non-ED hospital services</i>		
Unassisted Patient Return Rate	Assisted Patient Return Rate	% Increase
4.8%	10.7%	123%
Assuming 28% of returning patients would have returned without the EDDS program; 72% are a result of the EDDS program		



ED Referral Capture: Activity / Results Generated / ROI (Year 1)

Activity: # follow up appointments scheduled by 1 FTE

Entity	Annual ED Discharges	Appointments Scheduled – Year 1	PCP	Specialists
Hospital A	55,480	1,357	213	1,144

1357 Appointments Scheduled

310 Elective Care/Procedures (Adjusted)

\$866,000 Elective Care/Procedures (Adjusted)

Results: Elective Care within 30 Days post ED Discharge

Entity	IP Surgery	IP Nonsurgical	OP Surgery	OP Nonsurgical	Total
Hospital A	21	5	116	288	430

Adjusted Results: Deducted 28% assuming they would have returned without scheduling assistance

Entity	IP Surgery	IP Nonsurgical	OP Surgery	OP Nonsurgical	Total
Hospital A	15	4	84	207	310

Case Type	Incremental Volume	Incremental CM
IP	19	\$304,000
OP	291	\$582,000
Total	310	\$886,000

Three Key Take-Aways

1. Referral and physician network management benefits patients, physicians and the healthcare system.
2. Well-implemented leakage strategies will be revenue positive in year one.
3. Greater results are generated when “next-step” referrals are communicated with the patient at the site of care.



Questions?

Please be sure to complete the session evaluation on the mobile app!





Kristi Zenon
Director, Network Management
Texas Health Resources

Dedicated and results-driven healthcare leader with over 20 years of experience in business growth, network optimization, and operations management. Proven expertise in developing and implementing strategic initiatives to enhance provider networks, improve patient access, and drive organizational success. Skilled in market analysis, provider recruitment, and fostering collaborative relationships to align with organizational goals. Committed to continuous improvement, patient satisfaction, and delivering measurable results in clinical and business settings



Tricia Anderson
Senior Consultant
Barlow/McCarthy

Tricia has 20+ years experience in the healthcare industry and is skilled at executing volume building strategies and increasing physician engagement. She is an expert at identifying opportunities for growth and implementing relevant solutions to increase revenue and improve the patient's experience. She believes that any successful growth initiative begins with a data driven plan. She is skilled at coaching physician liaison teams in business plan development, defining measurable goals, messaging, and reporting results to hospital leadership teams.

Tricia is passionate about seamless care coordination that drives patient satisfaction and physician loyalty. She's used her innovative problem-solving skills to successfully develop and implement care coordination solutions that get patients to the right care and improve alignment for healthcare organizations.

Bibliography/References

- UNM School of Medicine, Albuquerque, NM; ²University of
- The Global Statistics